FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6) AND/OR**

Prefix

CD S.B.C.

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an Issuance and Sale of Limited Partnership	amendment and name has changed, and indicate change	
Filing Under (Check box(es) that apply): Type of Filing: New Filing □ A	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Sumendment	Section 4(6) ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about th	e issuer	
Name of Issuer (Check if this is an am EMA Global Fund I, L.P.	nendment and name has changed, and indicate change.)	
Address of Executive Offices c/o EMA Global I GP, LLC, 211 Grove S	(Number and Street, City, State, Zip Code) Street, Wellesley, MA 02482	Telephone Number (Including Area Code) 781-772-1528
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business A fund of funds investment partnership.		1323627
Type of Business Organization		· · · · · · · · · · · · · · · · · · ·
☐ corporation ☐ business trust	☑ limited partnership, already formed ☐ c limited partnership, to be formed	other (please specify):
Actual or Estimated Date of Incorporation of	Month Yea 0 2 0 5	Actual □ Estimated APR 3 3 2005

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Bach promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or
P. 11 Mary (1 4	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		Managing Partner
Full Name (Last name first, if ind	ividuai)				
EMA Global I GP, LLC					
Business or Residence Address	(Numb	er and Street, City, State, Z	Zip Code)		
211 Grove Street, Wellesley, MA	A 02482				
Check Box(es) that Apply:		⊠ Beneficial Owner	☐ Executive Officer	☐ Director	□ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Richard P. Kosowsky				_	
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)	· · · · · · · · · · · · · · · · · · ·	
c/o EMA Global I GP, LLC, 21	l Grove Street, W	Vellesley, MA 02482			
Check Box(es) that Apply:	□ Promoter		☐ Executive Officer	☐ Director	□ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Lawrence W. Lepard					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
c/o EMA Global I GP, LLC, 21	l Grove Street, W	Vellesley, MA 02482			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Numh	er and Street, City, State, 2	(in Code)		
245111455 01 114514411145	(•• ••• ••• ••• ••• ••• ••• ••• ••• •••			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Full Name (Last name first, if ind	ividual)				Managing Partner
	,				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
•					
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	Numh	er and Street, City, State, 2	Zin Code)		
Data de l'establice l'idules	(7.44110	or and oncor, only, state, i			

				B. INF	ORMATIO	N ABOUT	OFFERI	NG				
1. Has the-is:	suer sold o	t does the is	suer intend	to sell to	non accredit	ted investor	s in this of	fering?				No ⊠
				·	Appendix,			Ū	•••••••			-
0. 117					••		•				4 4 5 0 0	204
2. What is th	ie minimum to waiver b		t that will b	e accepted	from any in	dividual?	**************	***************************************	***************************************		\$ <u>250,0</u> Yes]	<u>00*</u> No
3. Does the c		•	nership of	a single un	it?							
4. Enter the iremuneration agent of a bropersons to be Full Name (L	for solicita ker or deal listed are a	tion of purc er registered ssociated pe	hasers in co I with the S ersons of su	onnection v EC and/or	vith sales of with a state	securities or states, l	in the offeri	ing. If a pe	rson to be l ker or deale	isted is an r. If more	associated than five	i person or
Business or R	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asse	ociated Bro	ker or Deale	er		*****							<u></u>
States in Whi	ich Person	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers	····					
(Check "	All State" o	or check ind	ividual Stat	es)							_	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Business or F				treet, City,	State, Zip C	Code)						
Name of Ass	ociated Bro	ker or Deal	er									
States in Whi		Listed Has S or check ind			Solicit Purc	hasers					🗆 /	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indivi	idual)									
Business or F	Pesidence A	Adress (Nu	mher and S	treet City	State 7 in ('ode)						
Dusiness of F	Costactice 7	1001035 (110	inoci and s	acci, city,	State, Zip C	oue)						
Name of Ass	ociated Bro	ker or Deal	er									
States in Whi												All States
[AL]	[AK]	or check ind [AZ]	AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	L /	ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$ <u>25,000,000</u>	\$901,283
	Other (Specify)	\$	\$
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amoun of Purchases
	Accredited Investors		\$901,283
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of	Dollar Amoun
	Rule 505	Security	Sold \$
	Regulation A		\$
	Rule 504		
	Total		
4.	 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		□ \$
	Legal Fees		■ \$ <u>15,000</u>
	Accounting Fees		□ \$
	Engineering Fees		□ \$
	Sales Commissions (specify finders' fees separately)		□ \$
	Other Expenses (identify)		□ \$
	Total		№ \$ <u>15,000</u>

C, OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEEDS		
1 and total expenses furnished in response	e offering price given in response to Part C - Question to Part C - Question 4.a. This difference is the			\$.	24,985,000
used for each of the purposes shown. If the a estimate and check the box to the left of the	ross proceeds to the issuer used or proposed to be unount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.				
			Payments to Officers, Directors, & Affiliates	Р	ayments To Others
Salaries and fees			\$		\$
Purchase of real estate			\$		\$
Purchase, rental or leasing and installation	on of machinery and equipment		\$		\$
Construction or leasing of plant building	s and facilities		\$		\$
offering that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another		\$		\$
- · ·			\$		
• •			\$		
• ,	ties				\$24.985.000
		_		_	~ 2=1.0010 00
		П	\$	П	\$
			\$		
				_	
Total Payments Listed (Column totals ad	lded)		₽ \$_	24,9	35,0 00
	D. FEDERAL SIGNATURE				~~~
following signature constitutes an undertaking	ned by the undersigned duly authorized person. If this not ag by the issuer to furnish to the U.S. Securities and Exchaissuer to any non-accredited investor pursuant to paragrap	inge (Commission, up	on w	the ritten request
ssuer (Print or Type)	Signature / / /		Date		
EMA Global Fund I, L.P.	10h V. W)		4	109	3/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Richard P. Kosowsky	Manager of General Partner				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
EMA Global Fund I, L.P.	1 0h V. W 4/8/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Richard P. Kosowsky	Manager of General Partner

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK								•		
AZ					7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
AR	_									
CA										
СО	***									
CT		Х	\$200,000	1	\$200,000	0			Х	
DE										
DC										
FL					_					
GA										
НІ										
ID	_									
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA		Х	\$701,283	2	\$701,283	0			Х	
MI							·			
MN										
MS										
МО										

APPENDIX

1	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C Item 1)	Type of security and aggregate offering price amount purchased in State (Part C-Item 2) Disqueunder. (if y. explain the second of the second			Type of investor and amount purchased in State (Part C-Item 2)		
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ					.				
NM	<u> </u>								
NY									
NC				-					
ND									
ОН									
OK				-					
OR			•						
PA									
RI									
SC									
SD									
TN									
TX									
UT						·			
VT					-				
VA									
WA									
WV									
WI									
WY									
PR									